

Case Number:	CM15-0071704		
Date Assigned:	04/21/2015	Date of Injury:	10/15/2006
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female, who sustained an industrial injury on 10/15/2006. She reported developing pain in her right hand from repetitive activities. Diagnoses include reflex sympathetic dystrophy, complex regional pain syndrome, and joint pain. Treatments to date include medication therapy, physical therapy, steroid injections and nerve blocks, and paraffin wax treatments. Currently, she complained of ongoing pulsating pain in bilateral hands and all fingers associated with swelling. The pain was rated 5-9/10 VAS. On 3/10/15, the physical examination documented swelling a shiny appearance of the fingers. The plan of care included continuation of medication therapy and a routine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pharmacogenetic Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated / Disability Duration Guidelines Pain (Chronic), Online Version updated 03/26/2015; Opioids , screening tests for risk of addiction & Misuse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Pharmacogenetic Testing/Pharmacogenomics (Opioids & chronic non-malignant pain).

Decision rationale: The MTUS guidelines do not address Pharmacogenetic Testing specifically, therefore other guidelines were consulted. The ODG does not recommend the use pharmacogenetic testing. Testing is not recommended except in a research setting. In many complex trials evaluating the effect of opioids on pain, population-based genetic association studies have had mixed success and reproducibility has been poor. Evidence is not yet sufficiently robust to determine association of pain-related genotypes and variability in opioid analgesia in human studies. There are currently multiple challenges in using this technique in the context of pain: (1) the phenotypes involved are multifaceted; (2) pain perception has a subjective nature; (3) response to analgesia can also be subjective; (4) there is a wide inter-individual pharmacologic range in response to drugs. The range in which genetic factors are thought to play a role in pain perception is from 12% to 60%. Gender and age also play a role. There are no published guidelines for generalized testing of the cytochrome system outside of certain populations (specific cancers, patients requiring anticoagulation, and human immunodeficiency virus patients). The request for Pharmacogenetic Testing is determined to not be medically necessary.